Federal Election Commission re: 2015 year-end report, (Later CEIVED LANGE VER # C00534016 Sir or Madam, This YE report for 2015 is 38 days late.

Our committee has never become active, and it completely slipped my mind. Our committee has never recieved or disbursed any funds. I plan to deactivate it later this month, before the end of Q1 2016. I can be easily reached at my cell
phone, 312-671-0909, or email,
jhilt 95 a yahon com yours very truly, John P. Hilt

2016 : 03 : 14 : 03 : 00056275

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER 2016 MAR 14 AH II: 26

Office Use Only Example: If typing, type NAME OF TYPE OR PRINT ▼ 12FE4M5 COMMITTEE (in full) over the lines. 10101511 10191 Marrix 1151/151 PAC ADDRESS (number and street) Check if different than previously reported. (ACC) CITY A STATE A ZIP CODE 2. FEC IDENTIFICATION NUMBER ▼ NEW 3. IS THIS **AMENDED** X REPORT (N) OR (A) TYPE OF REPORT (b) Monthly Feb 20 (M2) Nov 20 (M11) May 20 (M5) Aug 20 (M8) (Non-Electi Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) Primary (12P) General (12G) Runoff (12R) 12-Day July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of 01201 through 5. Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. John Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office **FEC FORM 3X** Use Rev. 12/2004

FE6AN026

Only

2016-03-14-08-00056276

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

		001111111	
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		
	(b) Cash on Hand at Beginning of Reporting Period	0.0.0.0	
	(c) Total Receipts (from Line 19)	0.0.0.0	000
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0.0.0.0	
7.	Total Disbursements (from Line 31)	0000	
 3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.0.0.0	
∍.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0000	

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

2016 - 03 - 12 - 03 - 00056277

DETAILED SUMMARY PAGE

of Receipts

Receipts

Page 3

 Write or Ty	pe Committee N	ame ·			
 		A A		+.	DΛ
 -EXI	nsina	Mai	CX15	75	-7-77
					

FEC Form 3X (Rev. 06/2004)

Re	eport Covering the Period: From:	0 2015 то	12 31 2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	0000	0.000
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	0.000	0.0.0.0
	(iii) TOTAL (add	(10) 10	$\wedge \wedge \wedge \wedge$
	Lines 11(a)(i) and (ii)▶		
	(b) Political Party Committees	0.0.0.0	0.000
	(c) Other Political Committees	$\wedge \wedge \wedge$	Δ Λ Λ Λ Λ Λ
	(such as PACs)		[
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶	0.0-0.0	0.000
12.	Transfers From Affiliated/Other		Managham Saran
	Party Committees	0.0.0.0	0.0000
13	All Loans Received	0000	0000
	All Edula Fidacives		
14.	Loan Repayments Received	0.0-0.0	0.0.0.0
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.0.0.0.0	
16.	Refunds of Contributions Made		· · · · · · · · · · · · · · · · · · ·
	to Federal Candidates and Other	$\gamma \gamma \gamma \gamma \gamma$	
17	Political Committees Other Federal Receipts		1 a a a a a a a a a a a a a a a a a a a
	(Dividends, Interest, etc.)	0000	0.0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		
	(from Schedule H3)	0.0.0.0	0.0.0.01
	(1) 1 (0.0.0.0	0.0.0.0
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))	0.6.6.0.	0.0.0.0
19.	Total Receipts (add Lines 11(d),	the state of the s	Bandan Ba
	12, 13, 14, 15, 16, 17, and 18(c))▶	0.0.0.0.0	1
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	0.0.00	0.0.0.0

2016 - 03 - 13 - 03 - 00056278

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal Pederal	1446	Outchadi Tedi-to-Date
	Activity (from Schedule H4)	1000	$\Lambda \Lambda \Lambda \Lambda$
	(i) Federal Share		
	(ii) Non-Federal Share	0.0.0.0	0.0.0.01
	(b) Other Federal Operating	222	
	Expenditures(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0.0.0.0	0000
22.	Transfers to Affiliated/Other Party	0000	00.00
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees	0.0.00	00.00
	Independent Expenditures	0.0.00	00.00
25.	(use Schedule E)		
	(2 U.S.C. §441a(d)) (use Schedule F)	00.00	0.000
26	Loan Repayments Made	0000	
20.	Loan riepaymento wase		
27. 28	Loans MadeRefunds of Contributions To:	0.0.00	0.000
20.	(a) Individuals/Persons Other Than Political Committees	0,000	000
	(b) Political Party Committees	0000	0000
	(c) Other Political Committees (such as PACs)	00.00	0000
•	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0000	
	(and Lines 20(a), (b), and (c))		
29.	Other Disbursements	0.0.00	00.00
30	Federal Election Activity (2 U.S.C. §431(20))		
00.	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0000	
	(i) Federal Share		
	(ii) "Levin" Share	0000	00.00
	(b) Federal Election Activity Paid Entirely	0.000	
	With Federal Funds		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.0.00
31	Total Disbursements (add Lines 21(c), 22,		•
01.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		$\bigcap \bigcap \bigcap$
		Branch Davidson Davidson Division Divis	
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		NITS ALTO AND
	from Line 31)		0000
	•		
	•		

2016:08:14:08:00056279

DETAILED SUMMARY PAGE

of Disbursements

Page 5 FEC Form 3X (Rev. 02/2003) COLUMN A III. Net Contributions/Operating Ex-**COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Iotal Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	3	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF (check only one)
· · · · · · · · · · · · · · · · · · ·	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an	may not be sold or used by any pe	roon for the number of soliciting contributions
NAME OF COMMITTEE (In Full)	nd address of any political committee	w solicit contributions from such committee.
Exposing Marxists PA	¹ C	
Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address	<u> </u>	Date of necept
City State	Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupa	ation	
	gate Year-to-Date ▼	7
Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		H-H / D-O / V-V-V-V
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupa	ation	
	gate Year-to-Date ▼	
Primary General Other (specify) ▼	ALALA	
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		3.44 / 2.8 / 3.45.44
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	สตัวและเกิดเลเรียก เป็นสามารถสามารถ และส	and a solo and the solo and the solo and the solo and the solo and
Name of Employer Occupa	ation	
Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		ODD
TOTAL This Period (last page this line number only)		0.000

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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	22 23	24 25
Any information copied from such Reports-and-Sta	ements may not be sold or use	d by uny perse	on for the purpose of	28c 29 soliciting contribution
or for commercial purposes, other than using the n	ame and address of any politica	L committee to	solicit contributions fr	om such committee
NAME OF COMMITTEE (In Full) Exposing Marxists	PAG			
Full Name (Last, First, Middle Initial) A.			Date of Disburseme	ent
Mailing Address				
City	State Zip Code	-		
Purpose of Disbursement	1.000000		Amount of Each Di	
Candidate Name		Category/ Type		
Offlice Sought: House Disburs Senate President	ement For: Primary General Other (specify) \(\big \)		The second secon	
State: District:		-		-
Full Name (Last, First, Middle Initial) B.			Date of Disburseme	ent
Mailing Address				
City	State Zip Code		·	
Purpose of Disbursement	8	rangumgumg	Amount of Fool Di	about a set this D
Candidate Name		Category/ Type	Amount of Each Di	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)			
State: District:	-l '' '' '			
Full Name (Last, First, Middle Initial) C.			Date of Disburseme	ent
Mailing Address				
City	State Zip Code			· · · · · · · · · · · · · · · · · · ·
Purpose of Disbursement	e de la companya de l		Aman	
Candidate Name		Category/ Type	Amount of Each Di	Ancincturfunde
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		Proceedings of the State of the	And the second s
State: District:				
)		Carabaca Cross Strawns	des mademantina assets on subseq

CHEDULE C (FEC	,		Use separate schedule(s) PAGE OF for each category of the Detailed Summary Page FOR LINE 13 OF FOR
IAME OF COMMITTEE (In F	ull)		
EXPESSOR	Marxista	PAC	
LOAN SOURCE Full Nar	ne (l ast First Middle	Initial	Election:
Mailing Address	THE (Cast, 1 list, Wildow		Primary General Other (specify) ▼
Mailing Address			Carlor (specify)
City	St	ate ZI	Code
Original Amount of Loan		umulative Payme	nt To Date Balance Outstanding at Close of
		* " "	
TERMS Date Incur	ed	Date	Due Interest Rate Secur
List All Endorsers or Gu	arantors (if any) to L	oan Source	
1. Full Name (Last, First			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address	<u></u>		Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period Th	is Page (optional)		
		_ 	was to be a second and the second an

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

	Federal Election Commission, Washington, D.C. 20463		
-	NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
	Exposing Marxists PAC		C 0 8 5 3 4 0 1 6
	LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
	Full Name		%
-	Mailing Address City State Zip Code	Date Incurred or Established Date Due	Hans ' Dad ' Andrew
ļ			househouse fromtessed fromtessessessessed
	A. Has loan been restructured? No Yes	If yes, date originally incurred	d A A A A A A A A A A A A A A A A A A A
	B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
	C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)	
	D. Are any of the following pledged as collateral for the I property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	What is the value of this collateral?
	No Yes If yes, specify:		Does the lender have a perfected security interest in it? No Yes
	E. Are any future contributions or future receipts of interection collateral for the loan? No Yes If yes, s		What is the estimated value?
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
	Date account established:	Address:	
		City, State, Zip:	
	F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or if the was made and the basis on wh	nich it assures repayment.
	G. COMMITTEE TREASURER Typed Name John P. Hilt Signature		03 09 2016
	H. Attach a signed copy of the loan agreement.	_ 	
	TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the te are accurate as stated above. The loan was made on terms and conditions (including similar extensions of credit to other borrowers of	cluding interest rate) no more fa	-
	III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C	a loan must be made on a basis	s which assures repayment, and has ng this loan.
	AUTHORIZED REPRESENTATIVE		DATE
	Typed Name Signature	le	Fig. (p.g.)

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) 9

	<u> </u>	1 10
NAME OF COMMITTEE (In Full)		
T 11 14 1 +	DAZ	
Exposing Marxisls	770	
		Tiv
A. Full Name (Last, First, Middle Initial) of Debtor (or Creditor	Nature of Debt (Purpose):
1		
Mailing Address		-
Willing Madicas		
City State	Zip Code	_
Outstanding Balance Beginning This Period		
Outstanding Datance Deginning This Choc		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Allogate modified time 1 choose		Section of the sectio
	2 2 45 A 5 65 4 B 55	
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor	Nature of Debt (Purpose):
1		1
		<u> </u>
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning This Period	 -	
Cutstanding building beginning this const		
Amount Insured This Poriod	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period	Layment 1119 Leuch	
		hand I have been the above the continue to the
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning This Period		
Comments of the control of the contr		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount incurred this remote	ayinent tills Fellou	The state of the s
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	and Construction and The conference of each Chancellane and Canada	
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1) SUBTOTALS This Period This Page (optional)		2000
2) TOTALS This Period (last page this line number o		
	nly)	7 3 7 90h h m ran al/alian13-1/8
	nly)	
		\rightarrow $\partial c \partial 0$
3) TOTAL OUTSTANDING LOANS from Schedule C		D 0000
	(last page only)	► 0000 ► 0000

~ ^ ^	t 54.6	FEC IDENTIFICATION N
Exposing Marxist	5 PAC	<u> </u>
Check if 24-hour report 48-hour report	New report Amend	ds report filed on
Full Name (Last, First, Middle Initial) of Paye	e	Date
		M M / D M / V
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/	Office Sought: House St
Name of Federal Candidate Supported or Op	Type Type	Senate Dist President
Name of Foderar Guildiado Gopportos G. G.	, posses s,	Check One: Support
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary Other (specify)
Full Name (Last, First, Middle Initial) of Paye	e	Date
Mailing Address		/ 0 0 / Y
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/	Office Sought: House St
Name of Federal Candidate Supported or Op	Type Typenditure:	Senate Dist
Name of receils Candidate Supported of Op	posed by Experiorale.	Check One: Support
		Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought		Other (specify)
for Office Sought		
	enditures	
for Office Sought)

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OF DESIGNATED AGENT(S)

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE	PAGE OF
2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full) EX DOS ÎNCI MUNICIPAL PAC Has your committee been designated to make coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address	
City	tate ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Ex	penditure Category/
Mailing Address Date	Туре
City State Zip Code	
Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential	
Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Ex Mailing Address	penditure Category/ Type
Date	1,760
City State Zip Code Name of Federal Candidate Supported Office Sought: House State	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Name of Federal Candidate Supported Office Sought: House State: Amount	ganingamengan negati ang menangunang pendengan ng
Aggregate General Election Expenditure for this Candidate	
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Ex	Category/
Mailing Address Date	Туре
City State Zip Code	
Name of Federal Candidate Supported Office Sought: House State: Amount Presidential	
Aggregate General Election Expenditure for this Candidate	
SUBTOTAL of Expenditures This Page (optional)	0.000
TOTAL This Period (last page this line number only)	0.0.0.0

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER
 DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)					
Exposing Marxists PAC					
USE ONLY ONE SECTION, A or B					
A. State and Local Party Committees					
Fixed Percentage (select one)					
Presidential-Only Election Year (28% Federal)					
Presidential and Senate Election Year (36% Federal)					
Senate-Only Election Year (21% Federal)					
Non-Presidential and Non-Senate Election Year (15% Federal)					
B. Separate Segregated Funds and Nonconnected Committees					
Flat Minimum Federal Percentage					
If the committee will allocate using the flat minimum percentage of 50% federal funds, check					
If the committee is spending more than 50% federal funds, indicate ratio below					
Federal%					
Nonfederal9%					
This ratio applies to (check all that apply):					
Administrative Generic Voter Drive Public Communications Referencing Party Only					

SCHEDULE H2 (FEC Form 3X)

NAME OF COMMITTEE (In Full) FACTORIAL CABLE FUNDAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACS Only. Direct candidates support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. ACTIVITY OR EVENT IDENTIFIER ACTIVI	IAME OF COMMITTEE (In Full) ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: New Revised Direct Candidate Support ACTIVITY IS: New Revised Direct Candidate Support ACTIVITY IS: New Revised Direct Candidate Support ACTIVITY IS: New Revised Same as Previously Reported		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only. Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL % NONFEDERAL % ACTIVITY OR EVENT IDENTIFIER ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL %	ACTIVITY IS: New Revised Same as Previously Reported		
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR

	ANSFERS FROM NONFEDERAL ACCOUNTS FOR LOCATED FEDERAL / NONFEDERAL ACTIVITY				PAGE OF
					FOR LINE 18a OF FORM 3X
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ii)	Generic Voter Drive				
iii)	Exempt Activities				
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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Ā.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
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Ċ.	Full Name (Last, First, Middle Initial)	<u> </u>			Allocated Activity or Event: Administrative Fundraising Exempt
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

FEC Schedule H6 (Form 3X) Rev. 02/2003

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A. Full Name (Last, First, Middle Init				Type of Allocated Activity or Event:
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				Voter ID Generic Campaig
				Allegated Astritus Frank V. T. B.
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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NAM	E/OF ACCOUNT		
<u> </u>		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)	Some de constituire de la constituire della cons	
	(a) Voter Registration	Percentinament control in the control of the contro	
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	and the said of th	
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS(Irom Line 3)	and the second s	
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		

SCHEDULE L-A (FEC Form 3X)

PAGE OF Use separate schedule(s) ITEMIZED RECEIPTS OF LEVIN FUNDS for each category of the FOR LINE NUMBER: Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Full Name (Last, Eirst, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period State Zip Code City Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. Mailing Address Amount of Each Receipt this Period Zip Code City State Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period Zip Code City State Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period State Zip Code City Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Aggregation Page

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OF LEVIN FUNDS Any information cupied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name В. Date of Disbursement Mailing Address Zip Code City State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name C. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement D. Mailing Address Zip Code City State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name E. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional).....

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